

SOUTH EASTERN UNIVERSITY OF SRI LANKA

**APPLICATION FOR RESERVATION OF FACILITIES
AT ACADEMIC PROGRAMME CENTRE, MOUNT LAVINIA**

1. Name of Applicant :
2. Designation and Department :
3. Purpose of Visit :

4. Facilities Required :

Accommodation	
Lecture Hall	

Auditorium	
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Please Mark (√)

5. If accommodation, details of the officials required accommodation

Name/s of the Official	Designation	Faculty / Department	Telephone / Mobile No.

6. Period of Stay No. of days : From : To :
7. If Lecture Hall, Please mention No. of Students to be Accommodated :
8. Mode of Travelling : Own Vehicle / University Vehicle / Other Vehicle
9. Vehicle No. :
10. Whether Vehicle Parking is required : Yes / No
11. Whether Accommodation for Driver is required : Yes / No

Recommended / Not Recommended

.....
Signature of the Applicant
Date :

.....
Head of the Department

Vice Chancellor / Registrar

1. Required facilities are available / not available.
2. Payment is made / not made Amount: Receipt No. : Date:
3. If payment is not made, the reason :
- I recommended / not recommended to provide the required facility

.....
Date

.....
SAR / General Administration

Senior Assistant Registrar / General Administration

The above request is approved / not approved

.....
Date

.....
Vice Chancellor / Registrar

Note : Application should be submitted at least before 5 working days of the visit with the relevant supportive documents.